

DIVISION-CONTINUATION APPLICATION TRANSMITTAL FORM				Attorney Docket No.: A-378D5																															
je32 11/19/97 U.S. PTO	Anticipated Classification Of This Application: Class _____ Subclass _____		Prior Application: Examiner _____ Art Unit _____																																
<p>To the Assistant Commissioner for Patents:</p> <p>This is a request for filing a <input type="checkbox"/> continuation <input checked="" type="checkbox"/> divisional application, under 37 CFR 1.60, of pending prior application Serial No. <u>08/577,788</u> filed on <u>December 22 1995</u>, of <u>OSTEOPROTEGERIN</u> for <u>William J. Boyle, David L. Lacey, Frank J. Calzone and Ming-Shi Chang</u></p> <p>1. <input checked="" type="checkbox"/> Enclosed is a copy of the prior application, including the oath or declaration as originally filed. I hereby verify that the attached papers are a true copy of prior application Serial No. <u>08/577,788</u> as originally filed on <u>December 22 1995</u>, and further that this Statement was made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> <p>2. <input checked="" type="checkbox"/> The filing fee is calculated below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; padding: 5px;">For</th> <th style="text-align: left; padding: 5px;">Number Filed</th> <th style="text-align: left; padding: 5px;">Number Extra</th> <th style="text-align: left; padding: 5px;">Rate</th> <th style="text-align: left; padding: 5px;">Fee</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Claims</td> <td style="text-align: left; padding: 5px;">4</td> <td style="text-align: left; padding: 5px;">- 20 =</td> <td style="text-align: left; padding: 5px;">0</td> <td style="text-align: left; padding: 5px;">x \$22.00 = \$ 0.00</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Independent Claims</td> <td style="text-align: left; padding: 5px;">1</td> <td style="text-align: left; padding: 5px;">- 3 =</td> <td style="text-align: left; padding: 5px;">0</td> <td style="text-align: left; padding: 5px;">x \$82.00 = 0.00</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Multiple Dependent Claims</td> <td style="text-align: left; padding: 5px;">0</td> <td style="text-align: left; padding: 5px;"></td> <td style="text-align: left; padding: 5px;">+</td> <td style="text-align: left; padding: 5px;">\$270.00 = 0.00</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Basic Fee</td> <td colspan="3" style="text-align: right; padding: 5px;"></td> <td style="text-align: right; padding: 5px;">\$790.00 = 790.00</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;"></td> <td style="text-align: right; padding: 5px;">Total Filing Fee \$ 790.00</td> </tr> </tbody> </table> <p>3. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any filing fees which may be required by the accompanying application, any additional fees which may be required during pendency of this application, or credit any over-payment to Deposit Account No. 01-0519 in the name of Amgen Inc. An original and one copy are enclosed.</p> <p>4. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p>5. <input checked="" type="checkbox"/> Cancel in this application original claims <u>2-44</u> of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)</p> <p>6. <input checked="" type="checkbox"/> Amend the specification by inserting before the first line the sentence: This application is a <input type="checkbox"/> continuation, <input checked="" type="checkbox"/> division, of application Serial No. <u>08/577,788</u>, filed <u>December 22, 1995</u>, which is hereby incorporated by reference.</p>						For	Number Filed	Number Extra	Rate	Fee	Total Claims	4	- 20 =	0	x \$22.00 = \$ 0.00	Independent Claims	1	- 3 =	0	x \$82.00 = 0.00	Multiple Dependent Claims	0		+	\$270.00 = 0.00	Basic Fee				\$790.00 = 790.00					Total Filing Fee \$ 790.00
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EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling TB813695762

Date of Deposit: November 18, 1997

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

Freddie Craft

Printed Name

Signature

7. Transfer the drawings from the prior application to this application and abandon said prior application as of the filing date accorded this application. A duplicate copy of this sheet is enclosed for filing in the prior application file. (May only be used if signed by person authorized by § 1.138 and before payment of base issue fee.)
- 7a. New formal drawings are enclosed.
8. Priority of application Serial No. _____ filed on _____ in _____
is claimed under 35 U.S.C. 119. _____ (country)
- 8a. The certified copy has been filed in prior application Serial No. _____ filed _____
9. The prior application is assigned of record to Amgen Inc.
10. A preliminary amendment is enclosed.
11. Also enclosed _____
12. The power of attorney in the prior application is to:
Ron K. Levy, Registration No.: 31,539; Steven M. Odre, Registration No.: 29,094,
and Robert B. Winter, Registration No.: 34,458
- a. The power appears in the original papers in the prior application.
- b. Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.
- c. Address all future communications to
U.S. Patent Department/RBW
at the address below.

Signator: Assignee of complete interest
 Attorney or agent of record



Robert B. Winter
Attorney/Agent for Applicant(s)
Registration No. 34,458
Phone: (805) 447-2425
Date: November 17, 1997

Please send all future correspondence to:

U. S. Patent Operations/RBW
M/S 10-1-B
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